

DATE	TIME	PLAN
10/25/02		0 hour Review Knee brace x 3 mo J. G. R.
10/25/02	08:00 new done	Discontinued to Padua - OK to use knee brace which was in property x 3 mo J. G. R. 10/25/02
10/25/02	08:00	(Sick Call) S: (P) elbow pain several days O: arm red, warm, swollen, soft A: No bruising? soft tissue injury. P: - 1/2 white ibuprofen given - schedule to provider. J. G. R.
		MD CLINIC/DR.
		WT: 196 HT: 5'10" BP 128/78
10/25/02		R: 12 P: 80 T 97° eval (P) elbow swelling. Had cyst (R) elbow & hit it when fell out of bed 10, 6, 02. Painful & clavis had to write to (R) arm. O: (R) elbow at epicondyle it: swollen & red. ? lump prior to swollen site. A: Swollen epicondyle it. P: Bring for (R) elbow. Indom 50mg TID x 10 days. e. m.

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

NAME Kotie WilliamSSN 196-62-8561DOB 3-19-62

DATE	TIME	PLAN
		MD CLINIC/DR.
		WT: <u>147#</u> HT: <u>5'9"</u> BP: <u>140/80</u>
		R: <u>id</u> P: <u>72</u>
10/11/02	0900	<p>ACL graft on (R) knee, said he never had PT. Has been doing own PT. Knee gets out of joint; if someone pushes his knee it gets out of it and he needs to walk in crutches. Has maintained (L) knee & brace.</p> <p>O. (R) knee & now no effusion</p> <p>(-) swollen</p> <p>(-) the swelling</p> <p>CRS good. Able to rotate knee & wrapping.</p> <p>X. S/P ACL repair.</p> <p>R. Name id. Padarea to evaluate. Says he had a memo to wear this brace at work but no mention in Progress notes or memo's. Says he wants surgery but has not time now because of legal work. Agrees R.</p> <p>Agrees R. - says he has his knee & a sheet of night, so it doesn't come out. Agrees R.</p>

DATE	TIME	PLAN
9-11-02	(ent)	<p>2 metal braces. Says he needs to wear it or his knee "will give out" + he will need crutches. No brace memo in chart from once. Workbench closed by Dr Z. 10/25/01. Says he was given bike while incarcerated years ago. Missing Hx between transfer to HSH (1996) to admission to OLC 9/01. Pt was unable to give clear answer as to what happened between that time. Currently takes no meds.</p> <p>A: Act. thoughts, pressured speech. P: well defined knee brace to MD. Schedule for closed to evaluate. Refer to Q. ————</p>

Received Medical Unit

Date: 9/11/02

By: [Signature]

09-13-02

0903

PSN NOTE

Met 2 the inmate in his assigned module housing to assess his mental health status. The past admission mental health assessment was completed and placed in the chart. Please review for further information. Current Health Status Classification report was completed and placed in the chart. He was physically cleared for work and for transfer.

[Signature]

9/12/02

0902

Sick call

S/O Pt limping on ambulation. Verbalizing he needs an operation. He had ACL repair in the past but still in pain till now. Requesting for metal brace. See 9/11 notes by intake nurse. A/C in comfort knee pain.

P, T given DTC given instruction 2 schedule to NP for Eval.

[Signature]

STATE OF KANSAS
DEPARTMENT OF PUBLIC SAFETY

NAME: Rolls William
SSN: 196-62-8561
DOB: 3-19-62

MULTIDISCIPLINARY PROGRESS NOTES

DATE	TIME	PLAN
5-22-02		<u>ψ MD Note</u>
	<u>(11:45 AM)</u>	<u>"I want to take the MMPI-2"</u>
		<u>I'm a ψ fighter</u>
		<u>Requesting to take MMPI to help his defense.</u>
		<u>Mood "OK" Affect: Flat-Reserve.</u>
		<u>Content of Delusion.</u>
		<u>Denies Suicidal "No way doctor I be OK, I'm just waiting to get out."</u>
		<u>DOB 5/22/62</u>
		<u>1200</u>
		<u>A/P: No evidence of Axis I now.</u>
		<u>- ψ Meds</u>
		<u>- RTE PAN.</u>
		<u>Medical</u>
		<u>Medical Records Reviewed</u>
		<u>Inmate Cleared for transfer</u>
		<u>to next facility.</u>
		<u>Medical</u>
		<u>Medical Records Reviewed</u>
		<u>Inmate Cleared for transfer</u>
		<u>to next facility.</u>
		<u>Nurse/PSW's signature</u>
		<u>Nurse/PSW's signature</u>
9-10-02		
		TRANSFERRED TO: <u>See</u> FROM: <u>See</u>

DEPARTMENT OF PUBLIC SAFETY

HEALTH CARE DIVISION

POST ADMISSION MENTAL HEALTH ASSESSMENT

Name: KOTIS, WILLIAM 40yo Facility MSAF-MDC Sex ☒ Male ☐ Female
 SID A0182281 SSN 146-68-8561 DOB: 05-11-62 Place of Birth LEAHIA HAWAII

() Caucasian () African American () Asian () Pacific Islander () Hawaiian
 () Part-Hawaiian () Filipino ☒ Hispanic ☒ Other SPANISH, PIRATE ROWN

Current Offense: MURDER 2

Considerations for Interviews

- ☒ none
☐ English is second language
☐ Hearing or vision impaired
☐ Wheelchair /other significant mobility problem
☐ Security risk:
☐ Other:

- CLAIMS SOFT H ANDRE FROM A
 GINA TYPE

- KORE BRIDE, IN HOME

- How are you feeling? "MISS HIS WIFE"
- Have you ever had any kind of mental, emotional, or nerve problems? YES
 Did you get any type of counseling? YES From Whom? DR. T. BROWN
 What was it for? FOR SOME REFERRAL
 When and where was it? 1980 LONG BEACH HOSPITAL
- Have you ever taken medicine prescribed for the above conditions? YES, DURING PIRATE MURDER
 By whom was it prescribed? ☒ Psychiatrist () Physician () Other AT HSH
 Current psychotropic medication: 10, CUMULATIVE MEDICATIONS
- Have you ever been a patient in a mental hospital? YES
 Why? QUART ORDER
 When? 1994 - 1995
 Where? HSH
- Has any member of your family ever had mental problems? NO What type? CUMULATIVE MEDICATIONS
FOR SOME REFERRAL
- Have you ever had a head injury or seizure? YES, HEAD INJURY - MMA
- Have you ever tried to hurt yourself or commit suicide? YES How many times? 1 How? WITH A SHOT
 Was medical attention required? YES
- Have you ever hurt yourself on purpose when you are not trying to commit suicide? NO
- Are you thinking of killing yourself now? NO

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

REFUSAL TO CONSENT TO MEDICAL/SURGICAL/DENTAL TREATMENT/MEDICATION

NAME: Kotis, William SSN: 196-62-8561 SID: A0182281
 DOB: 3-19-62 FACILITY: HCF DATE: 9-11-02 TIME: 0925

I, the undersigned patient, refuse the following treatment and/or medication: _____

Hep B screen, Hep B vaccine

(Describe Treatment and/or Medication)

The risk of refusing treatment or medication has been explained to me and I accept the risk involved. I release the State, the Department, the facility, the Health Care Division, and its medical personnel from any responsibility whatever for any unfavorable reaction, outcome, or any untoward results due to this refusal on my part to accept treatment or medication.

Kotis, William
(Print Name of Patient)

William Kotis, Jr.
(Signature of Patient)

9-11-02
(Date)

I, the undersigned, have explained to the above named patient the risk involved in refusing treatment or medication recommended for the patient's continued good health.

Mary Tumminetto
(Print Name)

M. Tumminetto, MD
(Signature & Title)

9-11-02
(Date)

A referral has been made to the attending physician: YES

NO

I have reviewed this case and if necessary have further counseled this patient on the risk of refusing treatment or medication.

(Print Name of Provider)

(Signature & Title)

(Date)

** If the patient refuses treatment and/or medication and refuses to sign this consent, please have refusal witnessed by another correctional employee.*

I have witnessed the above named patient refuse the recommended treatment or medication and I have also witnessed the patient's refusal to sign this consent form.

(Print Name & Title)

(Signature & Title)

(Date)

DOC 0417 (3/95)

CONFIDENTIAL

MEDICAL REQUEST

Date: Oct 9, 02
Name: William Kotis
(Print)

Facility: HNLF

C-21
(Housing)

Problem: Need to have treatment for my hip and spinal pains.
Also need Fiber added to my diet

Signature: William Kotis
(Inmate)

Date Received: _____ Oct 9, 02
(Date)

Health Care Staff Signature: _____
☒ Appointment Made
() Seen By Nurse

Original: _____
Canary: _____
Pink: _____
DOC 0450 (4/99)

Date: _____
See in clinic 11/11/02

Original: HCU Medical Record
Canary : Inmate (Response)
Pink : Inmate (Receipt)

CONFIDENTIAL

DOC 0450 (6/88)

Supervisors:

Date: 9/22/02

MEDICAL REQUEST

Name: William Kotis
(Print)

Facility: HHCI

Problem: Emergency, Left knee needs operation.

Mobile C Quad 2
(Housing)

SAFETY

Signature: William Kotis
(Inmate)

9/22/02
(Date)

Date Received: 9/23/02

() Appointment Made
() Seen By Nurse no

Health Care Staff Signature: [Signature]

Date: 9/23/02

Original: HCU Medical Record
Canary: Inmate (Response)
Pink: Inmate (Receipt)

DOC 0450 (A99)

Mobile C Quad 2

CONFIDENTIAL

1a co

MEDICAL REQUEST

Date: September 16, 02

Name: William Kotis
(Print)

Facility: HHCF

Problem:

C-2
(Hemodialysis)

I was informed I needed a nurses approval due to procedures. Please ask ASA.P. due to the re-constructed leg of leg and walking help. Thank You and Mahalo

Signature: William Kotis
(Inmate)

Date Received: _____

Sept. 15, 2002
(Date)

Health Care Staff Signature: _____

☒ Appointment Made Clinic
() Seen By Nurse

Date: 9/26/02

Original: _____
Canary: _____
Pink: _____
DOC 0650 (499)

HCU Medical Record
Inmate (Response)
Inmate (Receipt)

need MD approval

CONFIDENTIAL

SAFETY

DPS012

MEDICAL REQUEST

Date: Sept. 19, 02

Facility: HCF

Name: William Kotis

(Print)

1 B 4-9

(Housing)

Problem: Need another Memo for my ACL knee brace which currently is of the Intake, they said they shall only hold it for 30 days. I need this brace very urgently until I can get a reconstructive knee surgery.

Signature: William Kotis

(Inmate)

Sept. 10, 02

(Date)

Date Received: 9/10/02

☒ Appointment Made
Seen By Nurse

Health Care Staff Signature: Mut

Date: 9/11/02

aged

Original: HCU Medical Record
Canary: Inmate (Response)
Pink: Inmate (Receipt)

DOC 0450 (439)

CONFIDENTIAL

SAFETY

STATE OF HAWAII

DEPARTMENT OF PUBLIC SAFETY

Facility: HSNF**MEDICAL NEEDS MEMO**TO: Ms. SGT.Date: 10-25-02FROM: Medical UnitInmate: Kotis, Williamhoused in M.D. 2-02May wear "DONATOR" orthopedic kneebrace & all times as needed.X 3 months.[Signature]*Do a Health Status Classification Report if this is a significant change in health status.*

Original:

UTM/ACO/Work Supervisor

Canary:

Medical Record

Pink:

Inmate

Goldenrod:

Miscellaneous

DOC 0449 (3/95)

Haleaia Correctional Facility
 Haleaia Health Care Services Section
 99-902 Moweehine Hwy.

CONFIDENTIAL

Original: HCU Medical Record

Canary : Inmate (Response)

Pink : Inmate (Receipt)

C 0450 (6/88)

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

Facility: HCF**INMATE INJURY REPORT**

NAME: Kotis William
 SSN: 196 62 8561
 SID: AC182281 DOB: 3-19-62

Date/Time of Report: 1845 11/11/02
 Date/Time of Injury: 1835 11/11/02
 Place Injury Occurred: _____

Description of events leading to injury by patient/witnesses:

Injury code based on this statement: #3

"I got punched on the rt side of my face. A #4 on a scale of 10."

Nurse's observations/assessment/treatment of injury. [If this injury will affect transfer, update Form DOC 0497 with Status Classification Report]

Alert, Verbally responsive male sitting in chair, in no physical or emotional stress BP 132/80 TG 16 02 97. Nasal and facial bones, as well as, jaw bones are intact. No bleeding, redness, swelling or skin tears found. Pt claims pain is about a

Physician/Practitioner's Examination of patient:

#4 on scale of 1-10

A - stable & no visible injuries

P - give two Tylenol and send back to module.

Disposition:

Nurse's Signature/Title/Date

*Injury codes:

01	Inmate/Industrial
02	Inmate/Recreation
03	Inmate/Inmate (Polaroid photographs required even if no apparent injury.)
04	Inmate/ACO (Polaroid photographs required even if no apparent injury.)
05	Inmate/Self-Inflicted
06	Inmate/Miscellaneous

Original:

Medical Record

Canary:

HIBA (QI Injury Audit/Potential Legal Claim)

Pink:

Institutional Safety Officer

Examining Physician/Practitioner's Signature/Date

REVISION